

# Health Policies



Clockhouse  
Preschool

Learning through play

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### 3.1 Health Policy

#### **Policy statement**

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

#### **Procedures**

We promote health through:

- ensuring emergency and first aid treatment is given where necessary
- ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements
- identifying allergies and preventing contact with the allergenic substance
- identifying food ingredients that contain recognised allergens and displaying this information for parents
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- promoting healthy lifestyle choices through diet and exercise
- supporting parents right to choose complementary therapies
- pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance

### 3.2 Administering medicines

#### **Policy statement**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for medicine to be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, the parent should keep their child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Key Persons are responsible for the correct administration of medication to children. This includes ensuring that parent consent forms and dosage information have been completed, that medicines are stored correctly and that records are kept according to our procedures. In the absence of the key person, the session leader is responsible for the overseeing of administering medication.

### **Procedures**

- Children taking medication must be well enough to attend the setting.
- Children's medicine must be stored in its original containers, which are clearly labelled with the child's full name and are inaccessible to the children.
- A person with parental responsibility for the child must give prior written permission for the administration of medication. The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - The full name of child and date of birth;
  - the name of medication and its strength;
  - previous dosage, strength and time given;
  - the dosage and times to be given in the setting;
  - the method of administration;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and
  - the signature of the parent, their printed name and the date.
- Prescription medicines will only be administered if have been prescribed for the named child.
- The administration of medicine is recorded accurately in our medication record on Tapestry each time it is given. This is signed by the person administering the medication and a witness. Parents are asked to sign the record to acknowledge the administration of the medicine at the end of the day.
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member(s) of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record.
- No child may self-administer. Where children can understand when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication records to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

### *Storage of medicines*

- All medication is stored safely in the first aid cupboard or refrigerated as required.
- The session leader is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons must check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

### *Children who have long term medical conditions and who may require ongoing medication*

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key

person. Other medical or social care personnel may need to be involved in the risk assessment.

- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP, if necessary, where there are concerns.
- An individual health plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child and the measures to be taken in an emergency.
- We review the individual health plan regularly. This includes reviewing the medication, e.g., changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.

#### *Managing medicines on trips and outings*

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken, clearly labelled with the child's name and the name of the medication, with a copy of the consent form and a device to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed container clearly labelled with the child's name, the name of the medication along with a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

### 3.3 Managing children who are sick, infectious, or with allergies

#### **Policy statement**

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

#### **Procedures for minimising the spread of illnesses;**

The set of actions we take to minimise illness and control infection are; To:

- 1) Minimise contact with individuals who are unwell by ensuring that those who have a communicable illness do not attend the setting.
  - 2) Check temperatures on arrival and clean hands thoroughly regularly during the day.
  - 3) Ensure good respiratory hygiene by promoting the 'catch it, bin it, kill it' approach
  - 4) Carry out thorough and regular cleaning, throughout the setting, using standard products.
- Children, parents, and adults **MUST** only come to preschool if they are symptom free of **any illness**. Please do not bring your child to pre-school if they have needed Calpol or any other non-routine medication in the preceding 24 hours. We cannot hold bottles of non-prescription medicine on a 'just in case' basis, unless there is a care plan in place with a recommendation from a health professional to do so.

- Parents, prospective parents, and visitors will be allowed into preschool by arrangement only during our opening hours, or while we are closed.
- Staff, visitors, and parents may choose to wear a face mask at any other time while at work if they wish to do so. These can be provided.

### **Procedures for children who are sick or infectious**

- If children appear unwell during the day – for example, if they have a temperature, sickness, diarrhoea, or pains, particularly in the head or stomach – a member of staff will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is checked using an infra-red or ear probe thermometer.
- In extreme cases of emergency, an ambulance is called, and the parent informed.
- Parents are asked to take their child to the doctor if appropriate, before returning them to the setting; we may refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea or vomiting, we ask parents keep children home for 48 hours following the last episode. \*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period. ([www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis))
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- If a child or adult who has been at the setting becomes unwell with a new, continuous cough or a high temperature, or has a loss of, or change in, their normal sense of taste or smell (anosmia), they / their parent MUST inform Rosie immediately and access a test. If the result of this is positive, they must stay at home for 3 days (children) and 5 days (adults) before returning to the setting.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from [https://www.publichealth.hscni.net/sites/default/files/Guidance\\_on\\_infection\\_control\\_in\\_schools\\_poster.pdf](https://www.publichealth.hscni.net/sites/default/files/Guidance_on_infection_control_in_schools_poster.pdf)

### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to Public Health England.

### *HIV/AIDS/Hepatitis procedure*

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Can choose to wear single-use vinyl gloves when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces, or vomit.
- Bag soiled clothing for parents to take home for cleaning.
- Clear spills of blood, urine, faeces, or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces, or vomit using a disinfectant.
- Clean toys with sterilising solution regularly.

### *Nits and head lice*

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has been treated.
- On identifying cases of head lice, we inform all parents, asking them to treat their child and all the family if they are found to have head lice.

### *Procedures for children with allergies*

- When children start at the setting, we ask their parents if their child suffers from any known allergies. This is recorded on the Registration Form.
- If a child has an allergy, we complete a Care Plan to detail the following:
  - The allergen (i.e., the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions (e.g., anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
  - What to do in case of allergic reactions, any medication used and a demonstration of how it is to be used (e.g. EpiPen).
  - Control measures - such as how the child can be prevented from contact with the allergen.
  - Review measures.
- The care plan is kept in the child's personal file and a summary of allergies is displayed where our staff can see it.
- No nuts or nut products are used within the setting, although they are allowed in packed lunches.

### *Insurance requirements for children with allergies and disabilities*

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- **Life-saving medication and invasive treatments:**  
These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies), invasive treatments such as rectal administration of Diazepam (for epilepsy) or assistance with tubes to help them with everyday living e.g., breathing apparatus, to take nourishment, colostomy bags etc.
  - We must have:
    - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
    - written consent from the parent or guardian allowing our staff to administer medication; and
    - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
  - Copies of all three documents relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.
- If we are unsure about any aspect, we contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

If your child is absent from pre-school, you must inform us of the reasons by 10am on their first day of absence. You can do this either by telephone on **020 8663 6149** or **07519700470** (leaving a voicemail if unanswered), or by email to [admin@clockhousepreschool.org](mailto:admin@clockhousepreschool.org).

## **3.4 First aid, Recording and reporting of accidents and incidents**

## **Policy statement**

We can take action to apply first aid treatment in the event of an accident involving a child or adult.

We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

## **Procedures**

At least one adult with a current paediatric first aid certificate is on the premises, or on an outing, at any time. The first aid qualification includes first aid training for infants and young children, is provided by a reputable organisation and covers the requirements of Annexe A of the Statutory Framework for the Early Years Foundation Stage 2025

*Person responsible for checking and stocking first aid box: Rosie White*

- Parents consent to emergency medical treatment consent on registration.
- All staff become paediatric first aiders within six months of joining us. All First Aid certificates are renewed at least every three years.
- A supply of cold compresses is kept in the fridge.
- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- Medication is only administered in line with our Administering Medicines policy.

## **Accidents and emergency treatment**

- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's digital recording system. Parents may have a copy of the accident form on request.
- In the event of minor injuries or accidents, parents are normally informed when they collect their child, unless the child is unduly upset, or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.
- Accident records are reviewed at least termly to identify any potential or actual hazards.

## **Serious accidents or injuries**

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.07 Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents or carers are contacted and informed of what has happened and where their child is being taken to.
- The setting manager arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

## **Recording and reporting**

- In the event of;
  - food poisoning affecting two or more children looked after on our premises;
  - a serious accident or injury to, or serious illness of, a child in our care, or
  - the death of a child in our care.



- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- We report to the Health and Safety Executive (HSE):
  - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
  - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
  - Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
  - When one of our employees suffers from a reportable occupational disease or illness as specified by the HSE.
  - Any death, of a child or adult, that occurs in connection with a work-related accident.
  - Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
- Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring.
- The designated person will, after consultation with the trustees, inform local child protection agencies of these events
- As required under the *Education Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

### 3.5 Nappy changing

#### **Policy statement**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained. We see toilet training as a self-care skill that children can learn with the full support and non-judgemental concern of adults.

#### **Procedures**

- Our key persons are aware of the children in their care requiring nappy changes, and change nappies at key points throughout the day, or more frequently where necessary.
- Our key persons undertake changing children in their key groups; back up key persons or another familiar adult change them if the key person is absent, children's preference as to who changes them will be honoured wherever possible.
- Our changing area is warm, with a safe area to lay children.
- Each child brings their own bag with their nappies or pull ups and changing wipes.
- Gloves and aprons are always available for those staff who choose to wear them.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Staff never turn their back on a child or leave them unattended whilst they are on the changing table or mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about nappy contents, or children's genitals.

- In addition, we ensure that nappy changing is relaxed and a time to communicate, talking and responding to the child. We allow time for play and rituals the child enjoys such as singing favourite songs.
- We encourage children to develop independence and explore an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Older children access the toilet when they have the need to and are encouraged to be as independent as they are able.
- We will not wipe an older child's bottom unless they have asked for this, or it is detailed in the child's care plan.
- Nappies, trainer pants and ordinary pants that have been wet or soiled are double bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and be a disciplinary matter.
- Any soreness or nappy rash will be noted and discussed with parents using an accident form. This may have happened at home because of poor care, or an allergy to food or a product. If a medicated nappy cream is used, this must be recorded as per the medication procedure.

### **3.6 Rest and Sleep**

#### **Policy statement**

We aim to ensure that all children have enough sleep to support their development and natural sleeping rhythms in a safe environment.

Every child's needs are different, so we provide flexibility and opportunities for children to take naps and rest as they need. We recognise parent/ carers' knowledge of their child regarding sleep routines and will, where possible, work together to ensure each child's individual sleep routines and well-being continues to be met.

#### **Procedures**

- Our quiet room provides space for children to rest and relax.
- Only if it is preferred by the parent, children may also sleep in their own or the preschool pushchair, provided that;
  - The pushchair is lain completely flat.
  - They child is secured using a five-point harness to prevent the child slipping down in the pushchair.
- Some parents prefer their children to only have a short sleep – fearing that it infringes on their night-time sleep. This will be considered, provided it is also clearly in the child's best interests. We will never force a child to stay awake or go to sleep.
- Comfort blankets, soft toys and dummies when needed can bring comfort and reassurance to small children especially when they are new to the preschool and can be used during rest and sleep times. Dummies are usually restricted to sleep and rest times.
- Children will be monitored visually when sleeping and never be left in a separate room unsupervised.
- When monitoring the staff member will look for the rise and fall of the chest, and the sleep position.
- Nap times and monitoring checks will be noted on the sleep chart.
- We provide a safe sleeping environment by:
  - Monitoring the room temperatures.
  - Ensuring children are appropriately dressed for sleep to avoid overheating.



### **3.7 Food and drink**

#### **Policy statement**

Our setting is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for food safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage (2025) Safeguarding and Welfare requirements

We regard snack and mealtimes as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating using resources and materials. At snack and mealtimes, we aim to provide nutritious food, which meets the children's individual dietary needs.

#### **Procedures**

##### **Food purchase, preparation and Storage**

- The setting manager refers to Early Years Foundation Stage nutrition guidance (DfE 2025) which contains guidance on menu planning, food safety, managing food allergies and reading food labels.
- The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented.
- All staff responsible for preparing food hold a food hygiene level 2 certificate and have undertaken the Food Allergy Online Training CPD module available at <http://allergytraining.food.gov.uk/>.
- The setting manager is responsible for overseeing the work of all food handlers to ensure hygiene and allergy procedures are complied with.
- The setting manager has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- Daily opening/closing checks, four weekly reviews and dated records of deep cleaning are completed by named persons.
- The setting manager maintains an up-to-date list of all children with known food allergies or dietary needs. This is clearly displayed for all staff and the risk assessment shared with all staff.

##### **Purchasing and storing food.**

- Food is purchased from reputable suppliers.
- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- 'Squeezy' plastic bottles are not used for sauces.
- Items are not stored on the floor; floors are kept clear so they can be easily swept.
- Perishable foods such as dairy produce, meat and fish are to be used the next/same day. Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by use by dates.
- Freezer containers should be labelled, dated and used within 1-3 months.
- Fridge and freezer thermometers are in place. Temperatures must be checked and recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- Meat/fish is stored on lower shelves and in drip-free dishes.

- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E.coli contamination.
- Staff's own food or drink should be kept in separate designated area of the fridge.

### **Preparation of food**

- Food handlers check the content of food/packets to ensure they do not contain allergens.
- Food allergens are identified and shared with parents.
- Food handlers wash hands and cover any cuts or abrasions before handling food.
- Separate boards and knives are used for chopping food.
- Raw and cooked foods are prepared separately.
- No meat and fish are prepared on the premises.
- All vegetables and fruit are washed before preparing.
- Where a microwave is used, food is cooked according to manufacturer's instructions. Generally, it is not used to heat children's. Microwaved food is left to stand for a few minutes before serving.
- Potatoes and vegetables are peeled when needed, not in advance and left in water.
- Food prepared for different religious or dietary needs, preferences or allergies is prepared and served separately.
- A separate toaster is kept and used for children with a wheat or gluten allergy.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.
- When given to children, eggs are fully cooked. Raw eggs are not to be given in any form.

### **Serving food**

- Staff check the list of dietary restrictions and take appropriate action to prevent them accessing the food of other children, for example:
  - Sitting at the table with the children while they are eating
  - Reminding children that we do not share food at preschool.
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked by the key person to ensure that the meal (and its ingredients) does not contain any of the allergens for that child.
- Tables are cleaned before and after eating with hot soapy water and/or approved antibacterial cleaner.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster.
- Children who are showing signs of 'fussy or faddy eating' are not forced to eat anything they do not want to.
- Staff recognise the signs that a child has had enough and remove uneaten food without comment.
- Children are not made to stay at the table after others have left if they refuse to eat certain items of food.

### **Menu planning, nutrition & promoting healthy eating**

- Before a child starts to attend the setting, we ask their parents about their dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies Policy.)
- We record information about each child's dietary needs in the Registration Form and parents sign the form to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs, including any allergies are up to date.
- We display current information about individual children's dietary needs so that all our staff and volunteers are fully informed about them.

- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences, as well as their parents' wishes.
- A 'snack' is prepared mid-morning and mid-afternoon and can be organised according to the discretion of the setting manager e.g. picnic on a blanket.
- We inform parents of snacks provided and any allergens present in the food that we serve.
- We provide nutritious food for all cooking activities and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives, and colourings.
- Where appropriate, we include a variety of foods from the four main food groups:
  - Vegetarian proteins.
  - dairy foods.
  - grains, cereals, and starchy vegetables; and
  - fruit and vegetables.
- Through discussion with parents and research reading, we obtain information about the dietary rules of the religious groups to which children, and their parents belong, and of vegetarians and vegans, as well as about food allergies. We take account of this information in the provision of food and drinks.
- We show sensitivity in providing for children's diets and allergies. We do not use a child's diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
- We do not provide food containing nuts or nut products and we are especially vigilant where we have a child who has a known allergy to nuts, however these are able to be brought in packed lunches.
- To protect children with food allergies and maintain hygiene, we discourage children from sharing and swapping their food with one another.
- We organise meals and snack times so that they are social occasions in which children and adults participate.
- Children and adults wash their hands before and after snack-time.
- At snack times, children arrive as they want refreshment and leave when they have had enough.
- We use meal and snack times to help children to develop independence through preparing the table, food and drinks, making choices, serving and eating food and drink, and clearing away.
- Staff join in conversation and encourage children to choose what they want and to take their own helpings.
- Where appropriate, we provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- Fruit or raw vegetables are offered in batons, which children should be encouraged to help in preparing. Bananas and other foods are sliced to minimise a choking hazard.
- For children who drink milk, we provide semi-skimmed milk from the age of two years, as a drink at snack time. We provide a non-dairy alternative.
- We have a jug or water dispenser and cups available, so children have fresh drinking water constantly available.
- If parents choose to send a drink with their child for them to drink throughout the day, this **must** be water unless agreed in a care plan after medical advice. We reserve the right to dispose of other drinks supplied and replace them with water.
- Some staff have their lunch and snacks with children. Staff who are eating alongside the children, follow our healthy eating guidance, role-modelling healthy eating and best practice.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks. They are not made to eat what they do not like and are only encouraged to try new foods slowly.

- Mealtimes are relaxed opportunities for social interaction between children and the adults who care for them.

### Packed lunches

- Children in our setting are required to bring packed lunches if they are with us for the 12 o'clock session, we reserve the right to return unhealthy options of food to the parent as a last resort and after consultation with parents to replace unhealthy options with a healthy item, for which a charge of the item's cost +20% will be made.
- We ask parents to:
  - include an ice pack in packed lunches to keep food cool, or freeze a drink carton, which will have thawed by lunch time if attending the morning session.
  - use easy-to-open containers that promote children's independence and request that all lunchboxes and containers are clearly marked with their child's name.
  - ensure that all fruit and vegetables is washed thoroughly.
  - remove any stones and pips before serving, halve (**longways**) small fruit and vegetables (grapes, cherry tomatoes) and cut large fruits, like melon, into slices, not small chunks
  - Portion their child's food appropriately - one portion of each food is usually around the size of the child's clenched fist.
  - Ensure packed lunches include;
    - At least one portion of fruit and one portion of vegetables e.g. carrot sticks, cucumber, small apple or orange, banana, dried fruit, mini tomatoes, melon cubes.
    - Meat, fish or other source of non-dairy protein e.g. chicken, turkey, ham, beef, pork, tuna, lentils, kidney beans, chickpeas.
    - A starchy food e.g. bread, pasta or rice, crackers, rice cakes, oat cakes, pitta bread, tortilla wraps.
    - Dairy food e.g. milk, cheese, yoghurt or fromage frais.
  - Be aware that it is not necessary to include a drink – all children will be given water or milk to drink, throughout the day and at mealtimes. If parents do want to provide a drink in their child's lunch, it must be either water, fruit juice, milk, a yoghurt drink or a smoothie.
  - Ensure that items high in sugar or fat are not included in packed lunches.
  - **Sugary and fizzy drinks, chewing gum, lollipops, sweets, chocolate, biscuits, fried crisps, cereal bars, chocolate spread, jam or preserves as a sandwich filling, croissants and brioche, are not to be brought to preschool as they do not provide your child with a healthy diet**
    - Alternative suggestions to snacks such as fried crisps include – baked savoury crackers, rice cakes or breadsticks served with a dip, vegetables and fruit.
    - Alternative suggestions to snacks such as chocolate bars include - sugar free jellies, whole fruit and vegetables.

### Food for play and cooking activities

- Food for play may include dough, corn flour, pasta, rice, food colourings/flavourings.
- Jelly cubes are not used for play, but vegetarian, pre-made jelly may be used.

- Food for play is risk assessed against the 14 allergens referred and is included in the written risk assessment undertaken for children with specific allergies.
- Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies.
- Dried food that is used for play are kept away from food used for cooking.
- Foods that are cooked and used for play, such as dough, have a limited shelf life, and are disposed of regularly.
- Utensils used for play food are washed thoroughly after use.

### **Children's cooking activities**

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned.
- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.
- Members of staff encourage children to handle food in a hygienic manner.
- Cooked food to go home is wrapped/covered and stored appropriately until home time.
- Food play and cooking activities are suspended during outbreaks of illness.
- In our cooking activities, we include foods from the diets of different children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.

## **3.8 Breast feeding**

### **Policy statement**

We recognise the important benefits of breastfeeding for both mothers and their babies. All mothers have the right to make informed choices, and staff will ensure that clear and impartial information is available to all mothers. Staff will fully support parent's choices.

### **Procedures**

- Support is offered to promote and maximise the benefits of breastfeeding to new and expectant mothers attending the setting. Information is provided in the form of leaflets and 'signposting' to support groups and other sources of information.
- Publicity materials for bottle feeding and formula milk are not displayed within the setting.
- Mothers are enabled and supported to feed their babies within the setting. Every effort will be made for mothers who wish to feed their babies in private to do so.
- Toilet and baby changing areas are not offered as areas for breastfeeding as these cannot offer a hygienic environment.
- If a visitor to the setting objects to a mother breastfeeding, the 'complainant' will be moved to an area where s/he can no longer view the mother. The mother will not be disturbed.
- Staff co-operate with healthcare professionals and voluntary support groups to ensure a consistent approach to the promotion of breastfeeding benefits throughout the setting. This will be achieved by sharing of information and resources
- Staff do not discriminate against any mother in her chosen method of feeding and will not dictate choices to mothers

### **Further Information and resources**

Breastfeeding and bottle-feeding advice (NHS) [www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/](http://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/)